

CICS APPLICATION ACCESS

Maintenance Form

COMPUTER APPLICATION NAME: Cash Management Reporting CICS02CM

SEND TO: Cash Management Section
 NC Dept. Public Instruction
 6336 Mail Service Center
 Raleigh, NC 27699-6336

PURPOSE: To add or delete employee(s)
 access to the Cash Management
 Reporting CICS application.

DUE DATE: Four days prior to
 desired effective date.

QUESTIONS: Cash Management Section
 (984) 236-2355

As the designated APPLICATION SECURITY COORDINATOR for Cash Management Reporting application, I hereby request the following RACF IDs be added/deleted as indicated to give each person the proper functional privileges they need within this application:

ACTION A, D	REGION	SECURITY KEY	RACF ID (User ID)	OPERATOR'S NAME		
				FIRST	MI	LAST
	F	PEGF019				
	F	PEGF019				
	F	PEGF019				
	F	PEGF019				
	F	PEGF019				
	F	PEGF019				
	F	PEGF019				
	F	PEGF019				
	F	PEGF019				
	F	PEGF019				
	F	PEGF019				
	F	PEGF019				

SITE SECURITY OFFICER=S SIGNATURE: _____

LEA / CHARTER NAME and NUMBER _____ DATE: _____

APPLICATION COORDINATOR SIGNATURE: _____ DATE: _____

See reverse side for instructions on how to complete this form.

**NORTH CAROLINA DEPARTMENT OF PUBLIC INSTRUCTION
CICS ACCESS MAINTENANCE for the CASH MANAGEMENT REPORTING Application**

INSTRUCTIONS

- PRINT/TYPE:** Print or type all information on this document except signatures.
- ACTION:** Specify an A to ADD or a D to DELETE one or more RACF USER IDs.
- REGION:** Region column is already complete for you.
- SECURITY:** Security column is already complete for you.
- RACF USER ID:** Specify the RACF ID for each person. You can get this from each person or his/her division Site Security Officer. If paperwork submitted for new RACF ID, leave blank.
- OPERATOR's
NAME:** Specify the full name of the person for whom you are taking action.
- SITE SECURITY
OFFICER:** Signature of the LEA, Charter School or Lab School Site Security Officer.
- DATE:** Date of signature.
- APPLICATION
SECURITY
COORDINATOR:** For State Office use only.